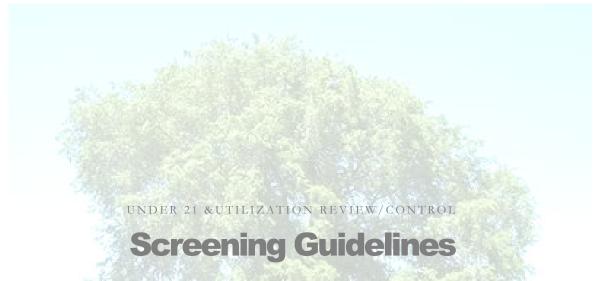


RESIDENTIAL PROGRAMS -- SCREENING
PROCEDURES FOR PSYCHIATRIC
TREATMENT OF CHILDREN UNDER AGE 21





Dual Diagnosis Management 220 Venture Circle • Nashville, Tennessee 37228 Phone 877.431.1388 • Fax 877.431.9568

Table of Contents

CHAPIER I		
Introduction and Overview	1	Appendix A: Ins
Dual Diagnosis Management	1	the Admission
DDM Contact Information	1	Appendix B: Ins
Hours of Operation	2	the Continued
		Appendix C: Fo
		Admission Revi
CHAPTER 2		Continued Stay
The Under 21 Benefit	3	Retrospective I
Utilization Review Types and Processes	4	North Dakota R
Residential Review Types	5	Request Form
Admission Review Process	5	
Certificate of Need Form	7	
Continued Stay Reviews (CSRs)	8	
Retrospective Reviews	9	
Outcomes & Notifications	10	
CHAPTER 3		
RTC Medical Necessity Standards	13	
Residential Admission Criteria	14	
RTC Continued Stay Review Criteria	15	
CHAPTER 4		
General Information	18	
Appeal Process	18	

APPENDICES

Appendix A: Instructions for Completing
the Admission Review Form
Appendix B: Instructions for Completing
the Continued Stay Review Form
Appendix C: Forms
Admission Review Form
Continued Stay Review Form
Retrospective Review Request Form
North Dakota Retrospective Review
Request Form





Introduction and Overview

Introduction to Dual Diagnosis Management and our role in North Dakota's Screening Processes

This manual serves as a reference for behavioral health providers that treat children under age 21. In the following sections, we provide you with a description of screening requirements, screening processes, and important definitions that you will need to know in order to comply with these program requirements. Acute and residential screening requirements advocate for the individual, through promoting the least restrictive and most appropriate placement at the earliest possible time.

Dual Diagnosis Management

Dual Diagnosis Management (DDM) is a Nashville-based utilization review firm that

Valuable information

Make Note

Key Review Points

specializes in integrated disease management directed at both behavioral and medical health care. Our staff has solid familiarity with Utilization Review processes in North Dakota as well as in a variety of states.

DDM Contact Information

Screening information can be forwarded by facsimile, mail, phone, email, or soon, by web-based submission. All phone and

facsimile numbers are toll free. Contact information is as follows:

Dual Diagnosis Management North Dakota Division 220 Venture Circle Nashville, Tennessee 37228 Phone: 877.431.1388 • Facsimile: 877.431.9568



INTRODUCTION AND OVERVIEW

DDM conducts phone-based reviews both at admission and to determine need for continued care. **Phone/Document based approvals for admission/continued stay reviews** are provided within one business day of referral.



Hours of Operation

DDM reviewers are available Mondays through Fridays, between the hours of 8:00 until 5:00 Central Time, with the exception of North Dakota State holidays.

N	0	Т	Ε	S	N	0	Τ	Ε	S	N	0	Т	Ε	S	N	0	Τ	E	S
_																			
	-										-						-		
_																-			
											-			-					
_					 					 					 				
											-								



Section

The Under 21 Benefit

Identification and Screening Requirements for Individuals Subject to Under 21 Utilization Review Processes

the federal government allows states the option of covering inpatient psychiatric hospital services for children under the age of 21 (known as the *Under 21* benefit). While services may be covered only for beneficiaries age 21 and under, those under 21 at the time of admission may continue receiving care, as indicated, until age 22. This under 21 benefit is applicable to:

- ✓ Acute inpatient psychiatric hospitals or programs
- ✓ Accredited Residential Treatment Centers for adolescents
- ✓ Non-Accredited RTCs
- √ Reciprocal Out of State facilities

Under 21 Reviews is advocacy – to ensure the least restrictive placement at the earliest possible time.

Through the Center for Medicare and Medicaid Services (CMS, formerly HCFA), the federal government requires that all agencies serving Medicaid populations and receiving Medicaid funds have a utilization control program that monitors the need for services before payment can be authorized. In the case of inpatient services, regulatory language mandates that inpatient psychiatric services are

appropriate for individuals undergoing active treatment, in accordance with an individual plan of care intended to "improve the recipient's condition or prevent further regression so that the services will no longer be needed." These requirements became statutory in 1972 for Medicaid and Medicare programs.

In North Dakota, Residential Treatment Centers for children are defined in *Century Code* Section 25-03.2-01 as a facility or a distinct part of a facility that provides to children and adolescents a total, 24-hour, therapeutic environment integrating group living, educational services, and a clinical program based upon a comprehensive, interdisciplinary clinical



assessment and an individualized treatment plan that meets the needs of the child and family.

Facilities covered by the Under 21 benefit are subject to federal guidelines in the Code of Federal Regulations (CFR), Title 42 CFR 441 Subpart D and Subpart G of 483. These guidelines describe essential federal boundaries that the State's Utilization Review/CON agency will follow to enact Certification of Need oversight requirements and to perform Utilization Review for hospital and non-hospital based inpatient care. Certification of Need (441.152) guidelines require that a team specified in Section 441.154 certify that:



- (1) Ambulatory care resources available in the community do not meet the treatment needs of the recipient, and;
- (2) Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a

physician, and;

(3) The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

Utilization Review Types and Processes

The North Dakota Administrative Code (NDAC) 75-02-02-03.2 (11) defines a **Residential Treatment Center** (RTC) for children as a facility or a distinct part of a facility that provides to children and adolescents a total, 24-hour, therapeutic environment integrating group living, educational services, and a clinical program based upon a comprehensive, interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family. The services are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home, or in a less restrictive setting.

An RTC is organized and professionally staffed to provide inpatient treatment of mental disorders to children and adolescents who have sufficient intellectual potential to respond to active treatment (that is, for whom medical opinion or medical evidence can reasonably conclude that treatment of the mental disorder will result in an improved ability to function outside the RTC), for whom outpatient is not appropriate, and for whom a protected and structured environment is medically or psychologically necessary.

The RTC must reflect a unique program design and provide a distinct level of care where individualized psychotherapeutic interventions can take place and are provided within a total therapeutic program. The services provided within that program constitute a level of care distinct from other treatment settings and is not a group home and is not an extension of



inpatient hospital treatment when formal inpatient benefits have been exhausted.

It should be noted that adolescents who appropriately require psychiatric residential treatment might have demonstrated unlawful or criminal behavior. **Criminal behavior, in itself, is not the critical factor in determining certification of RTC care.** Also, psychiatric residential treatment may be court ordered as an alternative to incarceration. Again, the treatment is not certified automatically because it is court ordered.

Residential treatment should only be considered after less restrictive treatment settings have been considered or attempted and if residential treatment is the only setting in which the patient can receive necessary treatment. Children and adolescents can, at times, be treated successfully in foster home or group settings, which may be preferable, when available, to an RTC. This is particularly appropriate for latency aged children.

Certificate of Need (CON) is a regulatory review process that requires specific health care providers to obtain prior authorization for provision of services for Medicaid applicants or eligible recipients. CONs must be obtained by an independent review agency prior to the child's admission to treatment and apply only to accredited residential facilities.

Residential Review Types

There are three potential types of residential reviews: admission, continued stay, and retrospective reviews.

ADMISSION REVIEWS

Admission reviews apply to children under age 21 or, if the individual was receiving the services immediately before he or she reached age 21, up to the date the individual reaches 22; and for those children who apply for Medicaid prior to admission or while receiving services.

CONTINUED STAY REVIEWS

Continued Stay Reviews (CSRs) involve continued

evaluation of the child's need for services. The CSR process re-applies the 3 mandatory questions, comparing the individual's medical need for the level of intensity in services, along with his/her continued ability to benefit from those services.

RETROSPECTIVE REVIEWS

Retrospective Reviews involve evaluating medical need for services for children who apply for Medicaid after receiving services.

Admission Review Process

ELECTIVE ADMISSION REVIEWS

The following occurs for admission reviews for Medicaid recipients under age 21.





- 1. The provider verifies the recipient's Medicaid eligibility or Medicaid application.
- 2. The provider notifies DDM by fax/e-mail within three (3) business days prior to or on the day of the elective admission.
- 3. The provider submits a completed *North Dakota Admission Review Request* form by fax/e-mail that includes:

Demographic information

- Recipient's Medicaid ID number (MID)
- Recipient's social security number (SSN)
- Recipient's name, date of birth, sex
- Recipient's address, county of eligibility, telephone number
- Responsible party's name, address, phone number
- Provider's name, date of admission

Clinical information

- Prior inpatient treatment
- Prior outpatient treatment/alternative treatment
- Initial treatment plan
- Estimated length of stay
- Admitting diagnoses, DSM-IV diagnosis on Axis I through V
- Medication history
- Precautions
- Current symptoms requiring inpatient care
- Chronic behavior/symptoms
- Appropriate medical, social, and family histories
- 4. DDM conducts the review and notifies the provider of the determination by telephone/e-mail within one (1) business day from receipt of the review request.

If medical necessity is met for children in accredited facilities, DDM completes a CON form which accompanies the written approval notification sent to the facility.



information is critical for

determining CON

requirements.

Certificate of Need Form

The CON affirms that the 3 mandatory questions were answered before the child's admission. A Certificate of Need (CON) is a federal requirement for documentation for inpatient hospitalization and residential admissions to accredited facilities for Medicaid recipients under age 21 and individuals age 21 if the individual was receiving the services immediately before reaching age 21.

The CON requirements specified in 42 CFR 441.152 certify that:

- 1. Ambulatory care resources available in the community do not meet the treatment needs of the recipient, and;
- 2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician, and;
- 3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

For an individual who is a recipient when admitted to a facility or program, certification must be made by an *independent* team that:

- Includes a physician;
- Has competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and
- Has knowledge of the individual's situation.

North Dakota Administrative Code (NDAC) 75-02-02-10 (3) (a) (1) stipulates for **accredited facilities** that: "...an independent review team must be composed of individuals who have no business or personal relationship with the inpatient psychiatric facility or program requesting a certification of need." DDM serves as the independent team that completes the CON form for Medicaid recipients under age 21. This team consists of a Board-certified/eligible child psychiatrist and a registered nurse (RN) with a minimum of two (2) years experience in children's behavioral health.

Accredited Residential Treatment Facilities must meet CON Form Requirements above. In addition, both accredited and non-accredited Residential Treatment Centers must meet the following:

RTCs must meet state (NDAC 75-02-02-10 or 75-02-02-10.1) and, as applicable, federal requirements (CFR 441 subpart D) to receive Medicaid payment for inpatient treatment of mental disorders for recipients under age 21, by providing care:



- A. Under the direction of a physician;
- B. By a psychiatric facility which is accredited by the Joint Commission Accreditation of Health Care Organization, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization, with comparable standards that is recognized by the state (42 CFR 441.151) or by a residential treatment center providing rehabilitative services to individuals under the age of 21 (NDAC 75-02-02-10.1[1]); and
- C. Before the recipient reaches age 21, or, if the recipient was receiving the services immediately before he reached age 21, before the earlier of the following:
 - The date the recipient no longer requires the services; or
 - The date the recipient reaches age 22.
- D. Certified in writing to be necessary in the setting in which it will be provided.

I *Note about Requests for Additional information

Failure to submit timely or complete information can result in a technical denial for services, regardless of the child's medical need for treatment.

Continued Stay Reviews (CSRs)

CSRs apply to Medicaid recipients/applicants who are eligible on admission and for individuals who apply for Medicaid following admission. For residential treatment, each CSR may permit authorization of an additional stay of up to 90 calendar days until discharge from the facility or until medical necessity is no longer met. When a child is readmitted to an RTC within 90 days of the initial approval, an admission review is not required.

CSRS FOR CHILDREN WHO ARE MEDICAID RECIPIENTS AT ADMISSION

The following occurs for CSRs for children under age 21 who were subject to an admission review.

The provider contacts DDM by fax/e-mail by five (5) business days prior to the termination of the current certification.

- 1. The provider submits a completed *North Dakota Continued Stay Review Request* form by fax/e-mail that includes:
 - Demographic information as specified under admission reviews
 - Clinical information



- Current Treatment Plan
- Changes to current DSM-IV diagnosis on Axis I through V. GAF is required for <u>each</u> authorization request
- Assessment of treatment progress related to admitting symptoms and identified treatment goals
- Summary of treatment provided to the point of review
- Assessment/justification for continued services at this level of care
- Behavioral Management Interventions/Critical Incidents
- Current list of medications or rationale for medication changes, if applicable
- Projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan
- 2. DDM conducts review and notifies provider of the determination by telephone/e-mail or electronically within one (1) business day from receipt of the review request.

CSRS FOR CHILDREN WHO APPLY FOR MEDICAL ASSISTANCE FOLLOWING ADMISSION

For individuals applying for Medicaid during receipt of services, the following procedures apply:

- 1. The provider verifies the recipient's Medicaid eligibility or Medicaid application.
- 2. The provider notifies DDM by fax/e-mail within two (2) business days of notification regarding the individual's application for Medicaid.
- The provider submits a completed North Dakota Admission Review Request form by fax/email that includes all of the content requirements specified under Elective Admission reviews.
- 4. DDM conducts the review and notifies the provider of the determination by telephone/e-mail or electronically within one (1) business day from receipt of the review request. RTC approvals may include authorizations in increments of up to 90 calendar days.

For those facilities that are accredited, the provider must submit a completed and valid Provider Certificate of Need form with the review request and must maintain a copy of the CON form in the recipient's/applicant's medical record. The submission of a complete and valid CON form does not apply to non-accredited RTCs.

Retrospective Reviews

POST DISCHARGE MEDICAID APPLICATION REVIEW PROCEDURES

For individuals applying for Medicaid following receipt of services, the following *retrospective* review procedures apply:



- The provider contacts DDM by fax/e-mail within four (4) business days of notification regarding the individual's application for Medicaid.
- 2. The provider submits a completed *North Dakota Retrospective Review Request* form by fax/e-mail **along with** the individual's medical record.
- 3. DDM conducts the review and notifies the provider of the determination by telephone/e-mail or electronically within three business days from receipt of the review request and medical record. Determinations and timeframes include all options discussed in the following section, in addition to expanded options of:
 - **Deferral:** If medical necessity is not met for the entire length of stay, the case is deferred to a DDM Board-certified/eligible child psychiatrist.
 - Approval Period: DDM's psychiatrist makes a determination of whether the admission met standards for approval for the entire stay, partial stay, or none of the stay.

DDM makes a determination within three (3) business days of deferral or receipt of additional information. DDM notifies the provider by telephone/e-mail of the review determination within one (1) business day of the determination.

Outcomes & Notifications

The following outcomes occur as a result of the Under 21 review process.

- **Authorization (Approval)**: authorization of the admission and an inpatient stay of up to 90 calendar days. Authorization will include the end date on which the authorization terminates.
- Pending: Determination that additional information is needed to complete the
 review. The provider must submit information within two (2) business
 days of the request for additional information. If additional information is not
 received from the provider within two (2) business days of the request, a
 technical denial will be issued.

If additional information is received within two business days of the request and medical necessity is met, the authorization review is completed and the provider notified by telephone/e-mail of the review determination within one (1) business day from receipt of additional information.

 Deferral: If medical necessity is not met or if the child is age 6 or under, the case is deferred to a DDM Board-certified/eligible child psychiatrist.

For CSRs, a deferral may also occur if there are serious discrepancies or problems with assessments and/or treatment plans for the recipient (e.g., unrealistic treatment plan, failure to provide appropriate assessments) or if there is a significant increase in the projected length of stay that occurs during the course of treatment or a projected length of stay exceeds one (1) year.

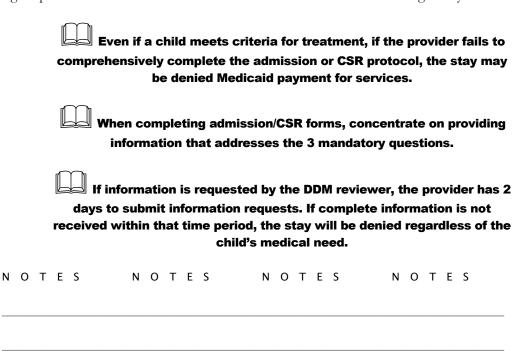


DDM's psychiatrist reviews the information and makes a determination within one (1) business day of deferral or receipt of additional information. DDM notifies the provider by telephone/e-mail of the review determination within one (1) business day of the determination.

- **Partial Approval**: A DDM Board-certified/eligible child psychiatrist issues a partial approval determination when only a portion of a stay meets Medicaid medical necessity criteria. The Desk Reconsideration/Appeal processes apply to partial approvals.
- Denial: A DDM Board-certified/eligible child psychiatrist issues a denial if the
 request for authorization does not meet Medicaid medical necessity criteria for
 the services requested. The Desk Reconsideration/Appeal processes apply to
 denial decisions.
- Technical Denial: A denial of Medicaid payment because of provider noncompliance with Medicaid protocol (i.e., failure to complete or submit a CON timely or appropriately, failure to submit additional information when requested, etc.).

NOTIFICATION PROCESS

DDM staff will call the referring individual within one business day of assessment completion, followed by documentation of the assessment outcome and, as applicable, appeal rights to the legal representative. A notification letter will also be forwarded to the admitting facility.





DEIERMINING	MEDICAL	NEED	FUK	KESIDENII	AL .	SERVICES



Residential Medical Necessity Standards

Admission and Continued Stay Screening Requirements for Individuals Subject to Under 21 Review Processes

DDM applies the Department's Admission Criteria for Residential Treatment Centers to establish medical necessity determinations for residential treatment services. Basic admission criteria include:

 The recipient must have a DSM-IV Axis I diagnosis, excluding a primary diagnosis of chemical dependency or abuse. An individual with an Axis II diagnosis may be considered if an Axis I diagnosis indicates a need for treatment. The diagnosis should indicate the presence of a

Supplied information must address the following domains of medical need.

mental disorder which is moderate to severe in nature which is not a transient reactive disorder and which has had a serious impact on the patient's family, school or social functioning.

The rating on DSM-IV Axis V at admission must be fifty or less. The Axis IV or V rating may be used as the basis for a denial only if those ratings are critical to establishing the need for inpatient residential treatment (e.g., The individual's mental disorder rates severe, or the presence of two (2) or more diagnoses on Axis I and II indicate the individual's disturbance is severe and complex).

Before payment by the Department may be authorized, these following three (3) criteria (A – C) must be met for admission to or continued stay in a RTC (see 42 CFR 441.152 for accredited RTCs and North Dakota Administrative Code 75-02-02-10.1 for non-accredited RTCs).



Residential Admission Criteria

Criterion A: Ambulatory resources available in the community do not meet the treatment needs of the recipient. To meet this requirement, ONE of A or B and Both C & D of the following:

At least one of the following (A or B):

- A) A less restrictive level of care will not meet the recipient's treatment needs or has been tried and found ineffective.
- B) An appropriate, less restrictive level of care is unavailable or inaccessible.

AND Both of the following (C&D):

- Family or community factors adversely impact appropriateness of less restrictive services (i.e., family persistently hampers treatment)
- D) The child's behavior disrupted placement ≥ 2 times (past 6 months if under age 12)over the past year or has persistently disrupted life at home and school over the past 9 months (over 6 months if under age 12)

AND

Family functioning or social relatedness is seriously impaired as indicated by ≥ 1 of the following (circle as applicable):

- a. History of severe physical, sexual, or emotional mistreatment.
- b. History of disrupted adoption or multiple foster placements.
- c. Child physically assaulted parent or adult caregiver due to the mental disorder.
- d. Child sexually assaulted others.
- e. History of fire setting (due to the mental disorder) and resulting in damage to residence.
- f. Individual less than age 14 has run away from two or more community placements.
- g. Child has impaired living situation of similar severity.

Criteria B: Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician. To meet this requirement ONE of the following four conditions must be established:

- SELF CARE DEFICIT: Basic impairment of needs for nutrition, sleep, hygiene, rest, stimulation due to a DSM-IV diagnosis.
 - Self-care deficit severe and long standing enough to prevent participation in any alternative setting in the community, including refusal to comply with treatment (i.e., medications).
 - b. Self-care deficit placing the individual in a life-threatening physiological imbalance without skilled intervention and supervision, including dehydration, starvation states, exhaustion due to extreme hyperactivity.
 - c. Sleep deprivation or significant weight loss.
- IMPAIRED SAFETY, THREAT TO SELF OR OTHERS: Verbalizations or gestures of intent to harm self or others, caused by the mental disorder.
 - a. Threats <u>accompanied</u> by one (1) of the following:
 - Depressed mood (irritable mood in children, weight loss, weight gain)
 - Recent loss
 - A recent suicide attempt or gesture (or past history of multiple attempts or gestures)
 - Concomitant substance abuse
 - Recent suicide or history of multiple suicides in family or peer group
 - Aggression toward others
 - Cruelty to animals
 - Verbalization escalating in intensity; or
 - c. Verbalization of intent accompanied by gesture or plan.
- 3. IMPAIRED THOUGHT PROCESS: Inability to perceive and validate reality to the extent the individual cannot negotiate basic environment or participate in family/school life (such as paranoia, hallucinations or delusions). Indicators include:
 - a. Disruption of safety to self, family, peer or community group.
 - Impaired reality testing sufficient to prohibit individual's participation in any community educational alternative.



c. Individual is not responsive to outpatient trial of medication or supportive care.

- SEVERELY DYSFUNCTIONAL PATTERNS: Family, environmental, or behavioral processes
 placing the individual at risk.
 - a. Documentation by mental health professional of family environment that is causing escalation of child's symptoms or places the child at risk.
 - b. A family situation not responsive to outpatient or community resources and intervention.
 - c. Escalation of instability or disruption.
 - d. A situation that does not improve with the provision of economic or social resources.
 - Severe behavior, such as habitual runaway, prostitution, and repeated substance abuse, prohibits participation in a lower level of care.

Criterion C: The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed. To meet this requirement, ALL of the following conditions must be met.

- 1. The provider describes an RTC treatment plan that meets <u>all of the following:</u>
 - Addresses the assessed need(s) and diagnosis(es) of the child
 - Sets out reasonable treatment goals that can be used to demonstrate improvement over the authorization period
 - Includes a comprehensive discharge plan with discrete mental, emotional, and/or behavioral criteria, expected discharge date, and identified outpatient provider for any continuing community-based treatment
- 2. The psychiatric assessment delineates mental, emotional, or behavioral disorder that requires the intensity of services offered in an inpatient setting. The psychiatric assessment identifies the recipient's requirement for additional therapeutic interventions, intensive milieu therapy, and a therapeutic environment and reflects the need for inpatient psychiatric care.
- 3. The individual does not exhibit any of the following exclusion criteria of:
 - Risk to harm to self or others (e.g., history of many suicidal gestures) and an appropriate risk management plan cannot be developed by the RTC
 - Requires substance abuse treatment before benefit can be obtained from the RTC
 - Acutely psychotic or delirious
 - Unstable medical condition

Residential Continued Stay Review Criteria

In order to be eligible for continued Medicaid payment in an RTC, all of the following must be met:

Criteria for RTC Continued Stay Review

- 1. The recipient continues to meet admission criteria A, B, and C as detailed above in the Criteria for Residential Treatment Center Admissions. Examples include:
 - Self-care deficit
 - Impaired safety, threat to self or others
 - Impaired thought process
 - Severely dysfunctional patterns
 - Requires 24-hour medical supervision under direction of a physician



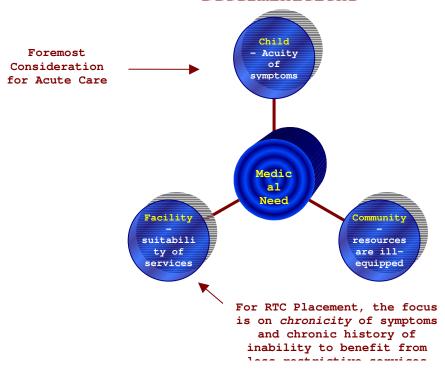
- 2. The ongoing treatment plan must include the patient's strengths, developmental needs, problem areas, treatment goals and objectives, which are based upon integration of the preadmission/admission assessments. For example, the recipient's treatment plan continues to describe repetitive disruptive behavior(s) in groups (i.e., aggression toward others, inability to be redirected, and interruption of group process).
- 3. The recipient is receiving active treatment. The recipient is responding to the rapeutic services. Progress is documented in the medical record.
- 4. The recipient demonstrates reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program or a high likelihood of significant deterioration in the patient's condition without continued care in the residential settings. Benefits for this level of care are demonstrated by objective behavioral measurement of improvement; such as, but not limited to:
 - Improved sleep and appetite
 - Improved affect and mood
 - Current contract for safety
- 5. The recipient's family or surrogate family are actively involved in treatment and making progress toward goals; or, there is documentation of family's inability or unwillingness to cooperate. In this case, surrogate family or guardian must be involved (e.g., foster family, case manager).
- 6. Discharge planning is active, documented and reflective of treatment needs and residential status.

Though not specifically a function of utilization criteria, determinations must consider both quality of care and medical necessity in arriving at decisions of treatment suitability for a particular child. These standards are further defined through operational criteria reflecting the individual's psychopathology, historical psychiatric indicators, diagnostics, and impairments resultant from current symptoms. While the basic domains are the same for both RTC/ARTC and inpatient psychiatric care, the locus of decision making for acute decisions is most heavily influenced by symptom acuity. While standards do not significantly vary for RTC/ARTC placement, each of the three questions, in tandem, are more balanced in the decision making process. While judicial processes oftentimes *order* treatment as a result of criminal activity, a court order is not a sole determinant for inpatient or RTC levels of care.

While judicial processes oftentimes order treatment as a result of criminal activity, a court order is not a sole determinant for Medicaid payment for acute or residential services. Medical Assistance will not pay for services that are not medically appropriate, regardless of criminal justice involvement as a precipitator for treatment.



Domains of Consideration for Determinations



If a child's condition improves prior to the conclusion of the authorized period, it is the responsibility of the provider to initiate discharge.

NOTES NOTES NOTES NO	T E S





General Information

Reconsiderations and Appeals

Appeal Process

Desk reconsideration and appeal processes are recourse opportunities for providers who disagree with adverse determinations.

Desk Reconsideration: A desk reconsideration allows the facility to submit information not previously submitted that may justify medical necessity of the recipient's treatment.

Appeal: A request from a recipient or his authorized representative to disagree with a denial for services and the opportunity to present his case to a reviewing authority.

DESK RECONSIDERATION

The Desk Reconsideration Process occurs as follows:

- The provider contacts DDM by phone, facsimile, or e-mail within ten (10) calendar days of the written notification.
- DDM will request that the provider immediately submit any additional information disputing the basis for denial and copies of specific medical records.
- DDM's Board-certified/eligible child psychiatrist will complete the desk reconsideration within three (3) business days of receipt of the clinical information.

The physician who made the initial determination will perform the desk reconsideration whenever possible. Notification of all final determinations will include rationale for the determination based upon the applicable federal and State regulations, and include instructions as to the rights of further appeal.

If the desk reconsideration review upholds the adverse determination, the option to appeal remains available for the recipient and/or parent or legal guardian of the recipient as indicated in the initial determination. The Department is not responsible for payment to the provider for



GENERAL INFORMATION

services provided to the recipient during desk reconsideration. If the outcome of the desk reconsideration reverses the denial, payment for services will be retroactive to the date of the disputed denial.

Written notification will be forwarded to the provider, recipient, and/or parent or legal guardian of the recipient related to the outcome of the desk reconsideration.

APPEAL

Accredited RTCs receiving Title XIX funding for room and board and treatment services: The Department is not responsible for payment to the provider for services provided to the recipient during an appeal. If the outcome of the appeal reverses the denial, payment for services will be retroactive to the date of the disputed denial.

Recipients and/or parents and legal guardians of recipients may request an appeal via a written request to the North Dakota Department of Human Services within 30 calendar days of the initial denial determination notification.

Non-accredited RTCs receiving payment for treatment as a rehabilitative service:

Recipients no longer meeting medical necessity for continued stay criteria will receive a ten (10) day advance notice of termination of services. The recipient or authorized representative may request an appeal within 30 days from the date that notice of action is mailed. If an appeal is requested in writing within ten (10) days of the mailing of the notice, the Department must reinstate payment for services until a hearing decision is finalized. If the Department's action is sustained by the hearing decision, the Department may institute recovery procedures against the recipient to recoup the cost of any services furnished the recipient. Appeal Requests must be made in writing to:

Appeals Supervisor North Dakota Department of Human Services Department 325 600 E. Boulevard Avenue Bismarck, ND 58505-0250

IN	0 1	i E 3	N O I E S	N O I E S	N O I E S
-					
_					



Index

Α Т Acute Continued Stay Review Criteria, 14 Technical Denial, 10 Admission Criteria, 13 elective admission, 5 Admission Review U Emergency, 5 Appeal, 10, 17, 18 Under 21 benefit, 3, 4 Authorization, 10 Approval, 9, 10 Partial Approval, 10 C CON, 6 Certificate of Need Provider CON, 8 Code of Federal Regulations, 4 Continued Stay Review CSR, 8, 21, 22 D DDM, 1, 2, 5, 6, 7, 8, 9, 10, 11, 17, 21, 24 Deferral, 9, 10 Denial, 10 Desk Reconsideration, 10, 17 Elective, 5 J Judicial Orders, 15 Ν North Dakota Century Code, 7 Ρ Pending, 10 R Retrospective review, 9, 24



Appendix A: Instructions for Completing the Admission Review Form

Prior Inpatient Treatment: Provide complete information regarding prior inpatient and RTC episodes, including dates of treatment (admission and discharge), treating facility, and reason for admission, etc.

Prior Outpatient Treatment: Provide complete information regarding previous outpatient episodes, including: date of admission and discharge, treating facility, reason for treatment, etc.

Initial Treatment/Discharge Plan: Provide treatment goals as well as attendant interventions and their frequency. A description of the plan for treatment must illustrate that the level of intensity of services is required at the inpatient psychiatric level of care.

Estimated Length of Stay: Identify anticipated length of stay.

Admitting Diagnoses: Axis I-Axis V must be completed according to criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Revised (DSM-IVR). Indicate *none* or *deferred* as applicable. Axis IV must reflect psychosocial and environmental problems that may affect the diagnosis treatment, and prognosis of the mental disorder through initiating or exacerbating that disorder, as a consequence of the psychopathology of the disorder, or as a problem that should be considered in the overall management plan for the recipient. Axis IV conditions should be noted only as relevant and only those present during the year preceding the current evaluation should be listed. Axis IV conditions must be fully explained. Axis V, Current Global Assessment of Functioning (CAF) must rate the recipient with respect to psychological, social and occupational functioning, not including impairment in functioning due to physical or environmental limitations. Ratings should be provided according to GAF criteria as provided in the DSM IVR and should reflect the recipient's functioning at the time of the admitting evaluation. The Historical Global Assessment of Functioning (HAF) should reflect the recipient's highest level of functioning during the previous one year period.

Medications: List prescription medications used to treat the recipient's psychiatric condition, listing drug dosages, purposes, and dates used. Include all psychoactive medication used during the preceding one year period. Specify, where applicable, medications that have been discontinued as well as medications currently prescribed.

Precautions: Document precautions and frequency of checks, if applicable. Note the purpose of the precautions (e.g., elopement versus monitoring as a result of suicidality).

Current Symptoms Requiring Inpatient Care: Thoroughly document presence, severity, and nature of all relevant psychiatric symptomatology and behaviors present immediately preceding admission and at the time of the admitting evaluation. Where applicable, documentation must thoroughly explain presence, or absence, of relevant deficits in the following areas: severe self care deficit, impairment to safety of self or others with documentation of threats accompanied by criteria provided in this manual, impaired thought processes, severely dysfunctional patterns. Include a description of any related adverse familial or social circumstances.

Chronic Behavior: Thoroughly document symptoms/behaviors present during the preceding twelve months prior to the admitting evaluation. Include a description of social adjustment related to familial, educational, and other relevant spheres of life. Include a complete description of prior suicidal and/or homicidal threats or gestures.



Appendix B: Instructions for Completing the Continued Stay Review Form

Estimated Length of Stay: Identify date of expected discharge based upon clinical evaluation of recipient's acuity and estimated expectations of improvement. In the event that the recipient's estimated discharge extends beyond discharge projections reported at the previous certification, provide an explanation as to the rationale for extending care.

Revised On: Identify date of continued stay request. The completed continued stay request must be received by DDM within one business day of the end date from the previous certification.

Change in Diagnosis: Provide Axis I-V diagnoses which have changed or been modified since the previous certification. *Global Assessment of Functioning (GAF)* is required for every certification request.

Psychiatric Medication Changes: Provide drug name, dosage, purpose, and dates for any physician ordered behavioral/psychiatric medications.

Precautions/Frequency of Checks: Identify any precautions, the basis for precautions, and frequency of monitoring.

Discuss Selection: Describe the basis for the selected criteria.

Describe Symptoms/Progress from Last Certified Date: Describe the continued presenting symptoms observed since the prior authorization date. Progress (and lack of) with treatment must be fully explained.

Discuss Treatment Plan Goals: Describe the plan for continuing treatment, dates of plan changes, and updates to the treatment plan since the last review.

Discuss Service Intensity: Describe the treatment services provided to the recipient since the last certified stay.

Tentative Discharge Plan: Rationale for an extension must be provided if the tentative discharge date has been extended since the previous authorization.



Appendix C: Forms

Admission Review Form

Continued Stay Review Form

Retrospective Review Request Form

Retrospective Review Form

Provider CON

North Dakota Retrospective Review Request Form

Date:					
То:	Dual Diagnosis Ma ND Under 21 Revi 220 Venture Circle	ew Team			
	Nashville, Tennesse				
Re:	Recipient Name		DOB		
	Facility/Provider				
	Facility Address				
	City	State		Zip	
	County	Fax	Pł	none	
	Type of Review Re	quested (care provided)): 🗖 Residential	☐ Acute	
benefi		f treatment services. I		al who has applied for Medica e complete medical record and	
Signat	ure of Provider Repr	esentative:			
Printe	d Name:		Credentials:		

Certification of Need Form ~ Residential Treatment Care for Individuals Under Age 21

			
Medicaid ID Number			
Date of Birth	Age Gend	ler	
Team Responsible for the Pla	in of Care Certifies the Fol	lowing:	
Ambulatory care resources available to:	le in the community do not meet th	ne treatment needs	of the recipient of
2. Proper treatment of the recipient's direction of a physician due to:	psychiatric condition requires serv	ices on an inpatien	nt basis under the
) /[1]			. C
3. The services can reasonably be exp so that services will no longer be n		ondition or prevent	further regression
so that services will no longer be n Signature of Physician Team Member			further regression
so that services will no longer be n Signature of Physician Team Member Other Team Member Print/Type Name	eeded based upon:		
so that services will no longer be n Signature of Physician Team Member Other Team Member Print/Type Name Name	eeded based upon: Signature of Other Tea	um Member	Signature o
so that services will no longer be n Signature of Physician Team Member Other Team Member	Signature of Other Tea	am Member Date:	Signature o

